Please type a plus sign (+) inside this box -> X

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

2107-26 **Attorney Docket Number DECLARATION FOR UTILITY OR** Chun He First Named Inventor DESIGN **COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Herewith Filing Date ☑ Declaration ☐ Declaration Submitted after Initial **Group Art Unit** Submitted Filing (surcharge with Initial (37 CFR 1.16 (e)) **Examiner Name** Filing required)

As a below named inventor	r, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural								
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Compact wavelength multiplexer/demultiplexer and method for making the								
same								
the specification of which	(Titie	e of the invention)						
is attached hereto OR								
was filed on (MM/DD/	2777)	as United States Application Number or PCT Internations						
Application Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment	amended by any amendment specifically referred to above.							
I acknowledge the duty to disc	close information which is	material to patentability as	defined in 37 CF	R 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a fixing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
			ם					
Additional foreign application								
I hereby claim the benefit und			application(s) lis	ted below.				
Application Number(s)	Filing Date	(MM/DD/YYYY)						
· ·			Additional provisional application numbers are listed on a					
			******	mental priority data sheet				
			, ,	B/02B attached hereto.				

[Pag 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



		سحند
Please type a plus sign (+) insi	de this box 🗢	X

PTO/S8/01 (12-97)
Approved for use through 9/30/00. OMB 0851-0032
Patent and Trademark Office; U.S. DEPARTMENT OF C MMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

a valid OMB control number. **DECLARATION** -**Utility or Design Patent Application** I hereby claim the benefit under \$5 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number** U.S. Parent Application or PCT Parent **Parent Filing Date** (if applicable) (MM/DD/YYYY) Number Additional U.S. or PCY International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioneds) to presecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Place Customer Number Bar Code OR i abel bere Registered prectitioner(s) name/registration number listed below Registration Registration Name Number Number PATENT TRADEMARK OFFICE Name Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number OR Correspondence address below or Bar Code Label Name PATENT TRADEMARK OFFICE Address Address City ZiP State (408)873-9249 Telephone (408)777-8873 Country Fax hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if anv]) Family Name or Surname Chun He inventor's Maske Date Signature USA USA **Frement** ÇA Residence: City State Country Citizenship 1607 D uglas Court **Post Office Address** Post Office Address USA 94539 ÇA Frement City Country ZIP State Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box ->	X
--	---

PTO/SB/02A (3-97)
sign (+) inside this box -> X

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1						
Name of Addition	nal Joint Inventor, if any	6			A petitio	n has been fi	led for	this unsign	ed inv	entor
Given Name (first and middle [if any])							Surname			
	Yao					Li				
inventor's Signature	77									7/10/03
Residence: City	Fremont	State	CA		Country	USA		CHizens	hip [JSA
Post Office Address	4340	43400 Adelina Common								
Post Office Address										
City	Fremont	State	CA		ZIP	94539	Coun	_{try} USA	4	
Name of Addition	nal Joint Inventor, if any	y:			A petitic	on has been f	iled for	this unsigr	ned inv	/entor
· · · · · · · · · · · · · · · · · · ·	nne (first and middle (if any))				·	Family N	lame of	Sumame		
inventor's Signature								Da	te	
Residence: City		State			Соипту		_	Citize	nship	
Post Office Address										
Post Office Address										
City		State			ZIP		Co	untry		
Name of Additio	nal Joint Inventor, if an	у:			A petition	on has been f	iled for	this unsign	ned Im	ventor
Given Name (first and middle [if any])			Family Name or Sumame							
										
Inventor's Signature							_	Da	eto	
Residence: City		State			Country			Citize	nship	
Post Office Address							<u> </u>			
Post Office Address									.	
City		State			ZIP			Соцпу		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.